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VOL. VIII

FEBRUARY, 1914

No. 5

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DIETETICS  
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Medication

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FOR PRACTICAL PROGRESSIVE PHYSICIANS  
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# Journal of Therapeutics and Dietetics

A Journal of Definite Medication

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CHARLES E. BUCK, PH. G., M. D., ASSOCIATE EDITOR

## EDITORIALS

### EFFICIENT MEDICATION.

It is generally a well-known fact to therapeutists that many remedies depend for their activity upon two very important factors, notably the integrity of their manufacture and the manner in which they are administered to the patient.

Especially is this true of a line of remedies known as Synthetics. These remedies are for the most part made in Germany, and used very extensively all over the world. They are effectual and practically indispensable to the average practitioner, not so much because of their absolute necessity as for their elegance, and the ease with which they can be administered.

A great many of these remedies enjoy such distinct fields of usefulness, peculiar to themselves, that they do not suffer through any competitive comparisons as to their individual therapeutic merits, but once in a while there is one, notably salicylic acid and its salts, which is so very different in its physiological activity in the synthetic state, that it should receive the most careful consideration on the part of the doctor before using it to any extent.

The medical fraternity became acquainted with salicylic acid and learned to administer it when it was a natural grown product derived from natural grown oil of wintergreen. Such efficiency as it manifested was due to the fact that it was a **natural product**. For many years this was the only source of the remedy until the advent of the synthetics or "Coal Tars."

At the present time, it may not be generally known, but there are three forms of salicylic acid on the market. One is a **pure synthetic product**, a second is a **derivative from a synthetic product**, and the third is a **genuine product derived from natural grown oil of wintergreen, or more strictly speaking, oil of Birch.**

The first two can be bought at a low price, and unless the physician is particular about specifications in his prescriptions these are the forms that will be used in the preparations, naturally, as the **genuine** cost **twenty times** as much, and, if the druggist carries it at all, he will never use this expensive article, of course, unless the doctor especially requests it.

If it was only a matter of price, no doctor would voluntarily oblige his patient to pay three or four times as much for a prescription as was necessary, but it is not a **matter of money**, it is very essentially a **matter of therapeutic efficiency**, for the synthetic product is of such a nature that it **cannot be given in sufficient dosage** to insure the best results without producing dangerous symptoms, and indeed endangering the life of the patient, while no such results follow the administration of the natural product.

There is no better analgesic known for certain painful conditions than a natural sodium salicylate, given in a mixture containing either gelsemium, bryonia or macrotys as the case may require. It may be pushed as high as 15 grs. every hour for 10 doses, or until saturation is obtained, without any danger, but the synthetic product will produce very alarming symptoms in less than a fourth of this dosage.

It stands every one in hand therefore, to be careful in their prescriptions of this valuable remedy, and always order the **natural product**, and tell the patient that they will have to pay more than the ordinary price for the prescription.

BUCK.

**Painful Digestion.** Bismuth subnitrate is of the greatest use in **painful digestion**, or a kind of gastralgia which comes on soon after eating. The pain is peculiar; it is a remittent pressure as from a stone or some heavy substance in the stomach, some would call it a crampy pain, others a griping.

**MIND AND MATTER.**

It is particularly interesting to note at this time when the subject is under discussion almost from one end of the world to the other, as to just the relations of mind and matter, that the Neurologists have finally settled the question.

In a symposium of opinions of such noted men as Dr. Morton Prince of Tufts Medical School, Dr. Frederick H. Gerrish of Bowdoin College, Dr. James Putnam, Dr. E. W. Taylor, Dr. Boris Sidis, Dr. George A. Waterman, of Harvard Medical School, Dr. John E. Donley of St. Joseph's Hospital, Providence, and Dr. Ernest Jones of the University of Toronto, we learn that it is the universal opinion of all of the authorities that the mind is master of flesh, even in many cases of ill health.

Many practitioners in general practice have formed this opinion from their own observations, but have hardly dared to express it openly from fear of the storm of criticism that would follow, but fortunately, they are free now to be just as noisy about it as they wish, for the idea has received the sanction of the "Powers that Be," and consequently it is law.

As one of the evidences to prove the fact, Dr. Waterman of Harvard notes the power of music to quicken the steps of tired soldiers, the influence of emotions in redoubling one's strength, the driving force of promised reward, and the fact that while physical fatigue may be dispelled by a square meal and a good night's rest, mental strain may persist in part from the mere expectation that it will do so.

He deduces from this that psychopathic fatigue is quite distinct from physiological fatigue.

He farther states that it is his opinion that a great many people get into the mental habit of being invalids, and so believe themselves unable to stand normal living long after they are recovered. And their fears, as long as fears persist, actually make them so.

Along this line Dr. Putnam's ideas are interesting. He says, "many an invalid has been cured by adopting new interests, and gaining NEW ENTHUSIASMS, especially those of a patriotic and IM-PERSONAL nature. His idea is that in each individual resides a variety of characters, qualities which have only to be called forth. He has no faith in hereditary virtues or deficiencies. He believes that nature has fitted man with the equipment to adapt himself to any environment."

"Our conventional views of success, misfortune and death are too often irrational and even positively low," he says, "and it is custom more than nature that makes them so."

The numerous individuals who suffer from ideas of morbid self-consciousness carry about with them a band of imaginary critics and enemies, and should learn to substitute for them an imaginary band of allies.

Dr. Putnam farther states the very interesting fact that habits reside in the physiological mechanism of the body, and are therefore, susceptible to constant change.

The very nutrition of the body can be improved through the action of mental states.

All of these ideas coming as they do from such reliable men, are of inestimable value to the general practitioner who is meeting these cases of so-called "Nervous Prostration" most every day in his practice, and from the pointers given here he may be in a way to relieve some of them by applying the suggestive methods.

Undoubtedly many cases that, if left to themselves, would go on to an unfortunate ending, might be saved if only some person in whom they had unlimited confidence could be induced to remain as attendants and by applying the well-known principles of suggestion so influence the patient that he would gain "new enthusiasm" that would be of such an impersonal nature that they would just pull the patient OUT OF THEMSELVES sufficiently to turn the trick.

There is always a time in all cases of insanity when the patient could have been saved if only the right thing had been done. It is that period that marks the dividing line between organic and functional conditions. Oh! that we might know it better, and thus save the recruits to this ever-increasing army of mental derelicts who are curses to themselves and objects of pity to their friends. BUCK.

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#### A PLEA FOR BETTER MEDICAL LAWS.

One may be pardoned for entertaining feelings of exultation over the very evident awakening interest by the profession, in a general way, relative to the improvement in the attitude towards medical registration. While it may not be an easy matter to offer any feasible substitute that will be materially corrective, it is very evident to all right-thinking practitioners, that the present regulations do not regulate as they should.

It does not seem just reasonable to the ordinary mind, that a student who has prepared himself for the practice of medicine sufficiently to pass one state examination should not be allowed to practice in any state in the Union. The standards of all the states are sufficiently high and uniform to protect the public against imposters, and a physician who can safely practice in one state NOW, ought to be perfectly competent to serve the public of another state with equal safety.

It would seem perfectly just and equitable, if the Federal Government could be entrusted with the regulation of this matter. Then a physician who had once standardized himself by passing such examination as might be required, would be entitled to seek his livelihood wherever Old Glory waved.

The law as it now stands of course does not permit this liberty. When a physician once is located, unless he has taken such state examinations as will entitle him to act differently, he is located for life, and can make no changes, no matter how urgent the contingency that prompts this change may be. This fact may and often does work many hardships in cases where the health of some member of his family or other sufficiently good reason may make it imperative for a doctor to move to some other part of the country.

It is not an easy matter, as examinations go, for a practitioner who has been out of school ten or fifteen years, and who has been engaged in routine practice that has kept him close along lines that unfit him for very technical work, to negotiate any of the present day state exams with any certainty of success other than might be accorded him for his experience.

Practically speaking, he probably could "put it all over" a large proportion of those who take the exams with him, as far as good bedside experience goes, but he may be so rusty on the extraneous technicalities that he must attempt to answer, that it is more than an even chance that he will not get by on the first test.

Elsewhere in this edition will be found a modification of the bill now under consideration in Congress that would seem to act as an equitable and safe guide in establishing such safeguards as might be needed in regulating the practice of medicine in any state in the Union.

It would be ideal if all could make an effort to bring this matter before the Representative from their various sections of the country. Such a concerted action would undoubtedly produce results that would work to the betterment of all who minister to the sick. BUCK.

**A BILL TO CREATE A UNITED STATES MEDICAL LICENSING BOARD.**

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the President be, and he is hereby, authorized and directed to appoint one medical officer of the United States Army, with the rank of a Captain or a Major; one medical officer of the United States Navy with rank of Lieutenant or rank of Lieutenant Commander, and one Doctor of Medicine, who is a graduate of a Medical College, duly chartered or incorporated, by legal authority, from each of the National Medical Societies as follows, to wit: one M. D. from the National Eclectic Medical Association; one M. D. from the National Homeopathic Medical Society; one M. D. from the American Association of Progressive Medicine, to a Board to be known as the United States Medical Licensing Board. It is assumed that the American Medical Association is represented in the Army and Navy appointments.

Sec. 2. The terms of service of the members of the Board shall be five years for the President of the Board when first organized, and the first appointment of the other four members shall be for four years, three years, two years, and one year respectively; each succeeding appointment shall be for five years, and shall be made from the same organization as the retiring member represents. The salary of each member of the Board shall be \$5000.00 per annum, and mileage when traveling on duty in various states. Said Board shall be in continuous session at Washington, D. C., except during the months of July and August, when not on duty in various states. The Board may be called together by the President of the United States during the months of July and August in case of any special emergency. The salary of Army and Navy appointments shall be the difference between their regular pay and \$5000.00, and additional mileage when on duty in the various cities.

Sec. 3. That all Practitioners of Medicine, holding a medical diploma, and a State license, permitting them to practice in the respective States, shall upon the passage of this Act by presenting to said Board their Medical Diploma, their State license, and upon the payment of the sum of Two Dollars (\$2.00), be given a United States License, which will permit them to practice their profession of Medicine and Surgery in any State or Territory of the United States and its possessions.

Sec. 4. That the United States Licensing Board shall hold its meetings in various cities of the United States, and shall examine all newly graduated Medical Doctors so that they may obtain a United States License, which will permit them to practice Medicine and Surgery in any State or Territory of the United States and its possessions without any further examination; Provided, that the candidate for said License shall be an American citizen, or legally declared his intention to become such, and shall have a Doctor of Medicine Diploma from a medical college, duly and legally authorized to confer the degree of Doctor of Medicine, and upon the payment of Five Dollars (\$5.00) and the filing of a certificate of good moral character, shall be granted a United States License, which will permit the holder to practice Medicine and Surgery in any State or Territory of the United States and its possessions.

Sec. 5. That the License may be revoked in case criminal abortions, or other criminal acts are performed.

Sec. 6. The Board shall choose one of their number to act as Secretary, and another to act as Treasurer. The Secretary shall keep a record of all the acts of the Board, and a list of all who apply for registration and the result of the examination. The Treasurer shall keep a record of all monies received by the Board in a book provided for that purpose, and turn over such monies at the end of each week to the Treasurer of the United States. A National Bank draft on New York may be used to send such monies. The United States shall furnish such books for records as may be necessary, and blank forms for Licenses, which shall be signed by the President and Secretary of the Board when they are granted.

The United States shall also furnish an embossing Seal, an impression of which shall be placed on all Licenses that are granted.

Sec. 7. In a case of emergency, where a Doctor of Medicine licensed to practice in any State desires to move to another State, and it is not expedient for him to await the visit of the Board to his vicinity, he may send his Diploma, and his State License (and the fee of \$2.00), together with a certificate of City or Town Clerk, or Secretary of a Medical Society to which he belongs, that he is a Doctor of Medicine in good standing, to the Board in Washington, D. C., or where they may be convened at the time, and a License may then be granted to said Doctor of Medicine the same as though he had come personally before the Board.

This Act shall apply to male and female Doctors alike.

Sec. 8. This act shall take effect in thirty (30) days from its passage.

# THERAPEUTICS

## OBSERVATIONS ON THE PRACTICE OF MEDICINE; PARALLELS IN RELIGION; DIVERS SYSTEMS AND METHODS OF PRACTICE.

By G. Curson Young, M. D., Washington, N. J.

The knowledge of and practice in medicine, is like the tide: it ebbs and flows as the centuries pass. The religions of the world have one purpose and one object in view, but they call for different formula in observance and obedience. Medicine is a question of science, religion a question of faith, and is intangible. Medicine, one can grasp, it is physically and mentally perceptible. Religion is "according to thy faith so shall it be done unto you." Medicine is after you have searched all things in the organic and inorganic kingdoms; after you have exhausted the vegetable and animal worlds, and find anything that will save and prolong life, hold fast to it, for it is the object and purpose of medicine. Write it and make a record of it in a book.

Which is of the most importance, the physician or medicine, is for every one to judge. The Great Physician said, "They who are whole need not a physician, but they who are sick." Ezekiel said, "And the herbs are for medicine." Being human and not divinely inspired, we have associated the physician with medicine. The contentions and strivings in affairs of religion and medicine are about equal. Every individual sort is the best, or esteemed so to be by some people.

In medicine some tangible evidence is expected to be evident. The systems of Homeopathy, Eclecticism, Allopathy, Official Surgery, Osteopathy, Autotherapy, Spondylotherapy, and others of medicine are parallel with the numerous systems of religion. Is there any sympathy between them? It is evident one is of the brain, the other of the heart. In other words, one is a question of philosophical science, and the other of transcendent faith. Psychotherapy partakes of both faith and science.

The science of dietetics plays no unimportant part, in both medicine and religion, and there is as much science in knowing what not to eat as there is in knowing what to eat. Some persons can eat pork and beans and feel as if they were—as the saying goes—"in clover;" others would eat pork and beans, and there would soon be a hurry call for the doctor. It is just so in medicine. That which is medicine to one person is often poison to another, and the same holds true in

religion. These, and other idiosyncrasies are often made to appear as if of no importance. But disease, hunger and a guilty conscience, make a trio of energetic assailants upon that which is psychical in man. To meet these disturbers of human comfort, tens of thousands of men and women are engaged in devising means, some in the field preparing the soil for seed, others gathering the products, and yet others selecting herbs, roots and barks, some in the factory, and workshop, some operating mills, stills and percolators, and some devoting time to pharmacy and the science of laboratory work, others are using their skill in the culinary department of private houses and public institutions, and others are applying themselves to religious exercises in private homes, public service, divinity schools and closter. What about the devoted physician, who often holds the balance of life and death, and the scale moves up and down at his will? Immensity is too small to encircle his importance and value to the human race. It is evident that the practice of medicine and religion were born of necessity.

As it has been, is now, and ever will be, medicine is an important factor in the earth life of man, and how to make medicine the most proficient is the duty of every physician.

The medical fraternity as a body of educated persons are seeking for the most efficient therapeutics, and all such means as are against disease, but our progress is very much impeded by the professional faddist. Tons of literature is printed—re-hashed text-books of little or no value—and hundreds of instruments and devices are made every year, most of which are a disgrace, except the mechanical part, to a learned profession and of no value to a progressive physician, yet they are labelled for the medical profession. We need something against disease, either to prevent or cure. It may be drugs, nerve or muscle manipulation, electrical, psychiatry, surgical or dietetical.

In what follows we give a few examples of what some are doing in one disease.

(1) One physician said a short time ago that he had treated six consecutive cases of pneumonia and had not used any drugs. All recovered without any bad sequences. Hot and cold water, a generous diet and fresh air were the remedies employed, but the common-sense hygienic methods.

(2). Another physician said he had treated a number of cases of pneumonia and the drugs he used as he thought indicated were calomel, rhubarb, potass. chlorate, jalap, camphor, podophyllin, capsicum, quinine sulph., cold water, plenty of fresh air and a spare diet.

(3). Another physician says, I treat symptoms in pneumonia cases as they arise; the less medicines the better. For pain I sometimes use heroin or camphor. I use aconite and often ice bags. My patients get well.

(4). Another one says, in treating pneumonia, I use saline cathartics, emulsion of creasotal, counter irritation and plenty of fresh air. I do not attempt to reduce temperature.

(5). Another one says, my average treatment in pneumonia is calomel, castor oil, turpentine, urotropine, thiocal, ammonium muriate, nux vomica, and Elix. hypophosphites. It is a long time since I lost a case.

(6). Another one says, my treatment for pneumonia consists in using asperin and morphine with plenty of fresh air and castor oil. Diet should be generous.

(7). Another one says, my treatment in pneumonia is, if I see the case in the first twelve hours, I give adults, hourly, drop doses of Fl. Ex. Veratrum vir. I use strychnia and digitalis, nourish liberally and keep the secretory glands active. My treatment must be correct. My patients live.

(8). Another one says, I do not treat pneumonia. I treat symptoms. I stimulate the heart and keep the secretions free, plenty of nourishment. Very little medicine is required except aconite and castor oil.

(9). Another one says, an outline of my treatment in pneumonia is to do as nearly nothing as possible,—a mercurial purge, dover's powder, paint the part with iodine, give liq. ammonia acetate, Kali cit. aromatic spts. of ammonia, strychnia sulph., digitalis, with spare diet. Have had 150 cases in 12 years, and three died.

(10). Another physician says, I use patent medicine in treating pneumonia, such as aconite, bryonia, veratrum, vir., and ipecacuanha; sometimes give castor oil, a nourishing diet, and general hygienic methods, and my patients recover.

We have cited these ten methods by ten physicians to show the diverse treatment of one of the diseases which stands near the top of the mortality list. Here are reports from ten physicians practising medicine in ten different states, between and including Maine and California. No two adopt the same therapeutic agents as a line of treatment, and but few of the drugs are common to more than two. Fresh air and diet are common to all.

Some of these physicians are known as eclectics, some as homeopaths, and some as allopaths. The three systems of medical practice employing drugs for healing the sick are here represented. What is the inference we must draw from such actual practice of medicine? All claim a mortality far below the average reports for pneumonia. The one, a homeopath, who did not use any drugs, had the pleasure of seeing all his patients restored to health. We are almost constrained to say that almost anything or nothing will cure, at least, some diseases afflicting some members of the human family under the care of some physicians. We are positive that a potent psychological energy is discharged by some physicians when in the presence of the sick, which exercises a salutary effect upon both physical and mental conditions. Is it possible there is such a thing as mental unity? We know there is such a thing as mental affinity which often dominates the physical.

I knew Dr. Nathan Firth 43 years ago, who was a great student of psychology. We were both connected with Gray's Hospital, London, Dr. Firth as a visiting physician and myself as an interne. Dr. Firth would often approach the bed of the sick with a smile and say, "Just as I expected, you are much better." The sick ones, although complaining of distress and pain to the nurses just a little while before, would answer, "Yes, doctor," and tell him how much better they were as soon as they saw him. It was true, and it was lasting. In most cases of pneumonia, typhoid fever, typhus fever, other fevers, and all inflammatory conditions, he gave very little medicine. A little sweetened water flavored with orange or cinnamon. What was known, and is now, as Thomson's Composition powder, was a choice medicine with Dr. Firth. One ounce of the powder to a quart of boiling water, stand 12 hours, strain and give half an ounce three or four times a day. This was his stimulant and tonic, and almost every patient took it. The rate of mortality was very low in his wards, compared with other wards, and the other attending and consulting physicians were jealous, so much so that they framed up a case against him. He was charged with being an Eclectic, and being a member of the Reformed school. Dr. John Skelton shared the same fate. They both had to give up their positions.

To lose a patient suffering from typhoid fever or pneumonia at the present time is almost a crime in the estimation of some physicians.

When shall we understand the practice of medicine? O THOU who looked upon and touched the sick, and they were healed, give us more light!

**EUCALYPTUS GLOBULUS.**

By J. A. Bennett, M. D., Hartshorne, Oklahoma.

Australian gum tree, blue gum tree, and fever tree are the common names for eucalyptus globulus. The dose of the fluid extract of eucalyptus is 5 to 60 drops. The dose of the oil of eucalyptus is 5 to 30 drops.

Eucalyptus globulus is a non-toxic agent, and can be freely used. One writer speaking of eucalyptol says: "A colorless, very mobile fluid of an agreeable, peculiar, aromatic and refreshing odor and pungent, spicy flavor. Very sparingly soluble in water; easily soluble in alcohol. Valuable as an antiseptic and said to be three times as powerful as carbolic acid for destroying bacteria. It is used like turpentine for inhalations, etc., and is much esteemed as an antipyretic in intermittent fever. Dose 0.3 Cc.—5 minims."

Prof. H. C. Wood used a soft gelatine capsule containing 5 drops each of the oil of eucalyptus and oil of sweet almond, or a hard gelatine capsule containing 5 drops each of oil of eucalyptus and olive oil as a stimulating expectorant. Dose, one capsule four times daily.

Oil of eucalyptus has been used hypodermically with success in the treatment of pulmonary tuberculosis. See my query, "Hypodermic Injections of Eucalyptus Oil in Tuberculosis," Journal of the American Medical Association, August 26, 1911.

The value of eucalyptus in tuberculosis should be more generally known. There is an article on Eucalyptus in the Treatment of Pulmonary Tuberculosis," by Dr. L. G. Pedigo, Therapeutic Gazette, March 15, 1913. Dr. Pedigo says: "Twenty-five years ago a German with an unpronounceable name reported a series of clinical experiments on the hypodermic use of oil of eucalyptus in pulmonary tuberculosis. He reported results which I thought at the time did not deserve to fall. His work suggested to me a line of thought on which I have been experimenting at intervals for several years."

As oil of eucalyptus, like other essential oils, is more or less irritating to the mucous membranes, and as in tuberculosis there is more or less subacute or chronic gastritis, Dr. Pedigo undertook to find a better way of using it than by giving it internally. In regard to using vaporization in part, he says, "oil of eucalyptus is very volatile and may be introduced into the circulation by vaporization. But we are met at this point by one insuperable objection, viz: that in order to avail ourselves of this method it is necessary to subject our patient to a more or less prolonged super-heated vapor bath producing as a

by-product as exhausting and colliquative sweat, thus incurring the danger of killing our already relaxed and enfeebled host before our remedy has had time to destroy his numerous and objectionable guests." In regard to the hypodermic method of using oil of eucalyptus, Dr. Pedigo says: "It is locally irritant and is therefore found experimentally to produce, even in the non-tubercular subject, a slight rise in temperature; then it requires a skilled person—doctor or trained nurse—present at every administration of the remedy."

Dr. Pedigo finally decided the best way to use oil of eucalyptus in tuberculosis was externally. I will state here that the external use of remedies for general systemic effect is a very important subject, and certainly deserves more attention. See my articles "External Use of Remedies for Systemic Effect," April, 1913, Journal of Therapeutics and Dietetics, and "External Use of Remedies for General Systemic Effect," May, 1913 Medical Brief. After experimenting with the external use of oil of eucalyptus Dr. Pedigo adopted a 25 per cent. preparation of it for use. He found a 30 per cent. preparation produced irritation of the skin. For fall, winter and spring, he uses as a base the following:

R	Olive oil . . .	ʒ II
	Benzonated lard :	ʒ VI
	Cocoa butter . .	ʒ IV

In summer he uses cocoanut oil as a base. One part oil of eucalyptus and three parts of cocoanut oil. He says: "the method of use is to direct that one teaspoonful of either preparation be thoroughly rubbed into the skin until it disappears, varying the locality with each application. This amount contains 15 minims of eucalyptus oil, the major part of which reaches the circulation."

Dr. Pedigo claims good results. He says, "a curious and interesting bit of evidence of the prompt diffusion of the eucalyptus through the system and its elimination by the lungs was the voluntary statement by a patient after one inunction that he could taste the medicine in the stuff he coughed up. More than once I have smelled the oil in a specimen of sputum sent to my office next morning after the first inunction the previous night."

Dr. Pedigo claims these inunctions of much value in "bad colds." Dr. Pedigo did not state in the article how often the applications were made, so I wrote to him, and received the following reply: "I am in

the habit of ordering the inunction with either ointment or liniment of eucalyptus twice daily, night and morning, changing the locality of the application each time to avoid possible skin irritation."

It should be remembered that oil of eucalyptus can be used externally for general systemic effect in any condition where it is indicated. If desired, either one of Dr. Pedigo's formulae could be put up in a 10 per cent. solution of oil of eucalyptus. Plain gauze saturated with this and applied to the skin, the gauze being covered with gutta percha tissue oiled silk, mackintosh or asta sheeting—put up by Frank S. Betz Co.—and this kept in place with adhesive plaster bandage, etc., as thought best.

It is my opinion that, in using many remedies externally for general systemic effect, it is a good plan to confine them as above directed. If desired, adhesive plaster could be put around the edges of any of the above coverings, or flexible collodion could be used to seal the edges and make it air tight. When a patient is confined to bed and a remedy is used externally for general systemic effect, it can be applied to a foot, or the foot and leg half way up, to the knee, or from the knee to the thigh, or even a portion of the body. In case two different remedies were used, one could be applied in this manner to one leg and the other to the other leg, or one of the arms. Of course the physician should use his judgment as to the best place for the application. Remedies used in this manner should always be of the non-toxic character, and then it will not be necessary to be very careful of the amount used. Applications if made in this manner will not need to be renewed very often; once in twenty-four or forty-eight hours will be sufficient, and in some cases several days may elapse before it will be necessary to make a fresh application.

It would not be wise to use liquid guaiacol this way, as it is absorbed by dropping it on the skin. It is absolutely essential that when oil of wintergreen or oil of sweet birch, etc., are used externally for general systemic effect, that they should be used as I have suggested. It is also best to use salicylic acid in some base in this same manner. If the reader is interested in the external use of this remedy I would like to refer him to my article, "External Use of Salicylic Acid for Systemic Effect," August, 1913, Medical Brief. When a remedy is suitable to be used externally it does away with taking it by mouth or giving it hypodermically or by rectum, if one desires to use it in this manner.

**SHOWER BATH FOR COUNTRY HOUSES.  
A SERVICEABLE AND INEXPENSIVE SHOWER BATH  
READILY IMPROVISED IN TOWN OR COUNTRY.**

By Carroll Fox, Surgeon, United States Public Health Service.

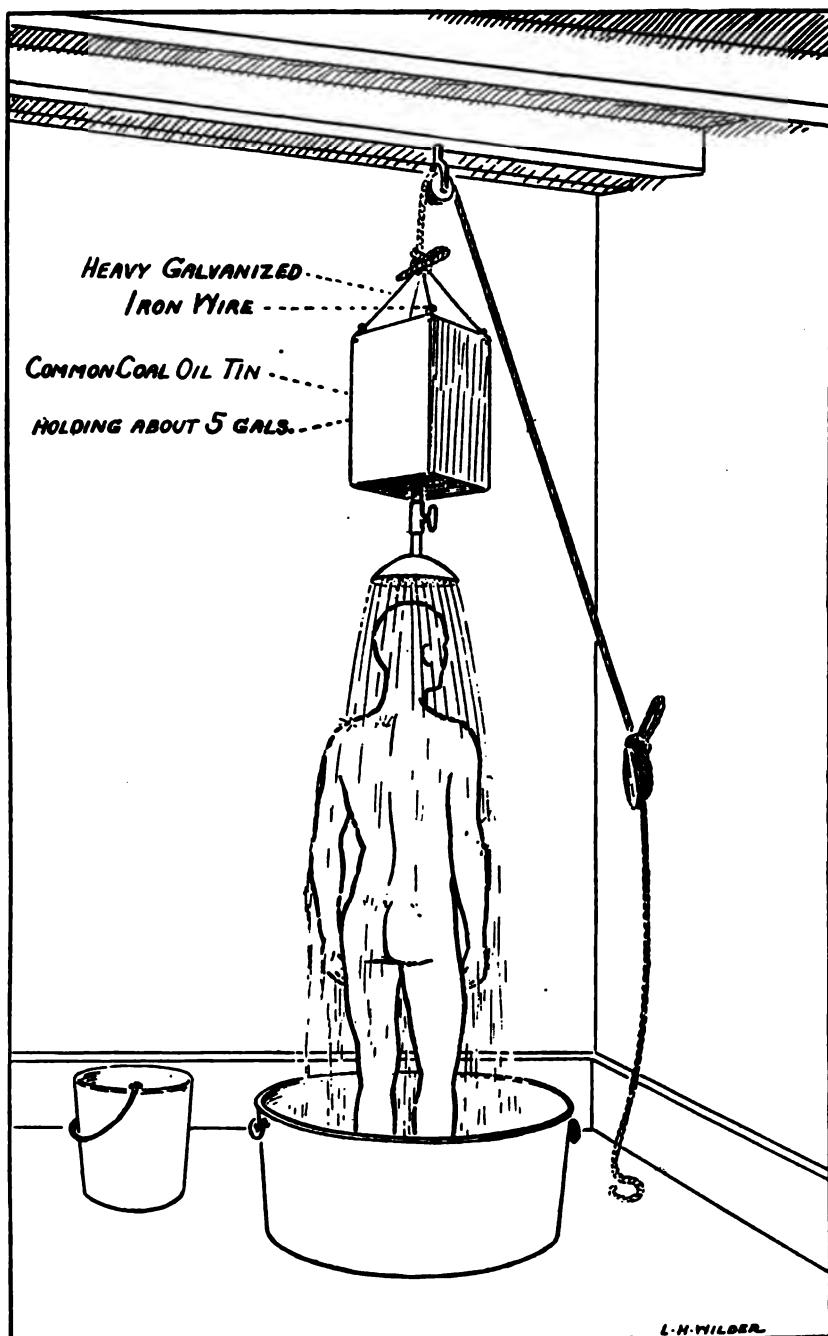
To maintain health and the feeling of well-being and comfort, which are essential to man's mental and physical welfare, it is necessary that the skin be kept in such a condition that it may perform its functions normally. The excretory function of the skin is almost as important as that of the kidneys and lungs, and its work is essential in maintaining the normal temperature of the body.

The skin contains numerous glands, which constantly excrete perspiration. We are not always aware that this important process is going on. It is influenced by the condition of the atmosphere, the amount of physical exercise taken by the individual, and by the condition of the skin. The perspiration is usually evaporated into the surrounding atmosphere as soon as it is formed. This evaporation produces a cooling of the surface and makes our bodies comfortable. Anything which interferes with this process is detrimental and causes discomfort. We should, therefore, do everything we can to assist the glands of the skin in their work.

We can aid in several ways. First, by keeping the temperature of rooms in winter as low as 68 deg. F., and regulating the amount of moisture in the air of the room. A pan of water placed at the source of heat in the room will supply moisture to a thirsty atmosphere and relieve to some extent excessive dryness. Second, we can assist by wearing proper clothing; third, by proper exercise; and fourth, by sufficiently frequent bathing, which is an important requirement of personal hygiene.

Bathing cleanses the skin of dirt and accumulations of epithelium. If the water of the bath is used at the proper temperature the skin is stimulated, its blood supply is increased, and there is felt a delightful glow all over the body. With properly regulated baths, cold weather can be withstood much better, less clothes are needed, and there is less likelihood of "taking cold."

Most city houses are provided with bathrooms, but there are many people in rural districts who consider such a room an unattainable luxury. A modern bathroom is a great comfort and convenience. It is not essential, however, in order to keep the body clean that



there be porcelain fixtures, nickelized pipes, running water, and a city sewerage system. All that is needed is a well-constructed home-made shower-bath. With this apparatus one can take as many satisfactory baths as one desires.

A shower bath has many advantages over a tub bath. The apparatus is cheaper and easier to keep clean than a bathtub, with its fixtures. It uses less water, takes up less space, its mechanical and tonic effects are better, and one is not compelled to bathe all parts of the body in the same water, as is the case in a bathtub.

The shower bath here described and illustrated is especially useful in the country, when there is no running water in the house. As shown in the drawing, it is made from a tin or can such as is used in shipping kerosene to the Orient or such as turpentine comes in. The solder around the upper edges of the tin is melted off and the top removed. To the bottom are attached a stopcock and a shower head about six inches in diameter, with very small outlet holes. The tin is lowered and raised by a rope running through a pulley attached to a rafter or other convenient support.

The tin is filled with water at the required temperature, and hoisted over the head of the bather. The water is then permitted to flow until the body is entirely wet. Then the cock is closed and the body well lathered with soap, which is finally washed off by the water remaining in the tin. The bather's head need not be wet unless desired. An ordinary washtub may be used by the bather to stand in, or the waste water may be collected on a cement platform with a drain leading to the outside. A satisfactory bath can be taken with four or five gallons of water.

The temperature of the bath water is important. Cold water, though more stimulating to some, is not as cleansing as warm water. Therefore, to secure the best results, a warm shower with the water at a temperature of from 90 deg. to 100 deg. F., should usually be taken first, to be followed by a cooler shower with the water from 50 deg. to 60 deg. F. The warm water cleanses, but at the same time relaxes the skin, while the cool water stimulates the skin. Without the cool shower one is more liable to take cold on exposure.

In using the apparatus described for the purpose of taking both a warm and a cold shower it is necessary to have a bucket of cold water at hand, so that the tin may be refilled as soon as emptied of warm water.

Most people can with benefit take a bath every day, preferably in the morning before breakfast. Avoid bathing immediately after meals.

**\*ECLAMPSIA—CASES IN PRACTICE.**

To some of you the report of these cases is no more than ordinary, but to the fellow who "has 'em for the fust time" it will be of some interest. Having practiced medicine for about twelve years, and having had more than the usual number of cases obstetrical, according to the size of the territory and amount of work done, I never until the last year have had a case of eclampsia in my experience, and never saw one, but it was not a hard matter to diagnose the malady, as all who have had this experience will testify. Having had three in the last year, I am pleased to inform the profession "I've had 'nuf."

Case No. 1. Primipara. Age 24 years. Family history negative. Specific diseases none. Personal history the best. Period of gestation attended with little difficulty or accident. Saw patient three weeks before confinement. Presented the usual symptoms of kidney complication observed in these cases. Albumin in abundance. Worst I ever experienced. Urine almost solid when boiled. Considerable swelling of the hands, feet and face. Features distorted, smooth and shiny. Mental condition remained good up to the time of confinement. Complained some of being dizzy, with occasional attacks of blindness. The severe headache accompanying these conditions was not noticeable only preceding the day of confinement and the first convulsion. Bowels were constipated during the greater part of gestation period. Bowel movements had some odor. She had never consulted a physician until she came under my care. Appetite during this period good. In all, she did not think her condition much different from that of other women under similar condition. Did not manifest any unusual nervous symptoms. Heart action good. Did not take the blood pressure until after confinement, and at this time it was not above normal. The night before confinement patient was restless. I brought her to my home, where her condition might be watched more carefully. Just preceding confinement, complained of severe headache. Gave liberal doses of gelseminum and went to bed. After being in bed for an hour, could not sleep and got up. Had had no pains up to this time. So after getting up she had her first convulsion, which was the first evidence of labor. Called council immediately. Began chloroform as soon as could, but before we could make examinations patient had had three convulsions. Examination revealed the

\*Reprint from Nebraska Medical Outlook.

os undilated, unyielding, and in a stage of contraction. Began to dilate, which required less than an hour. In another hour child was delivered. We were fortunate in not having any severe laceration and no hemorrhage.

The medication in this case consisted of hypodermic injection of No. 1 H. M. C., followed by another hypodermic of Lloyd's veratrum 30 gt. dose with 15 gt. of gelsemimum. As soon as we could we began the same treatment by mouth for several doses but one-half the strength of both remedies above mentioned. There was no other convulsion; no pain, and no complications following the confinement.

The pulse rate before the administration of veratrum was 120 full and bounding with a slight amount of tenseness. After confinement (several doses of the remedy had been given) the pulse was 74, soft and regular. There was no vomiting at any time. It now being several months since confinement there is no kidney disturbance and the patient is well and strong.

#### **Case No. 2—Twin Pregnancy.**

The family lived ten miles in the country. Had not seen patient before being called to attend her in this confinement. Family history good. Multipara. Previous confinements normal. Period of gestation normal. Had had some swelling of the hands and feet, but none of the face. This was present three weeks before confinement, but had entirely disappeared at the time of delivery. The swelling had lasted but one week. Reached patient about 3.30 P. M. Patient was still up and had few pains. No abnormal conditions noticed. Dilatation progressed rapidly and satisfactorily. Delivered first child at 6 P. M., and the second fifteen minutes later. One placenta. There were no unusual symptoms and up to this period there was nothing abnormal —no headache, no hemorrhage, and no afterpains. Left the patient and family feeling good. Called again the following morning at 6.30. Had some headache as early as 2 A. M. Her condition grew worse up to the time I called. Had first convulsion just before I arrived, which lasted five minutes. Patient felt dazed, but able to converse intelligently. The pulse was 130, full and bounding. Discharges normal. Had urinated during the night, and from what I could gather seemed to be normal in quantity. Began treatment immediately with thirty drops of veratrum and fifteen drops of gelsemimum, hypodermically. Repeated the dose in one-half hour. This did not slow the pulse or seem to change it in any way. Continued this treatment until 9 A. M., when she had another convulsion. This time the convulsion

was very severe. Gave thirty drops of veratrum hypodermically, and as soon as she was out long enough, began chloral hydrate. I gave chloral in the following manner: Dissolve 15 gr. of chloral hydrate in one dr. of water, and of this mixture give ten drops every ten minutes until there is relaxation. In addition to the chloral I continued the same dose of veratrum and gelsemimum. The next convulsion occurred at 3 P. M., which was very light. Had suspended the chloral several hours before the convulsion appeared. Had also cut down the dose of the other remedies one-half. After the convulsion began the chloral and increased the dose of the other remedies. Gave all by mouth. This was the last convulsion. She slept some during the night, but was delirious a part of the time. Next morning the condition cleared up. Examined the urine the next day and found but a trace of albumin in the urine. From this time the patient continued to improve, and is a proud mother enjoying the offspring.

#### Case No. 3.

Primipara. Aged 37. Family and personal history negative. Had never seen patient before being called upon to confine her. Gave no history of swelling of the hands and feet, and no kidney complication of any character. Called about 9 A. M. Pains not severe, and ceased altogether by noon. Complained of slight headache. This was soon followed by mild delirium. Conditions grew gradually worse until 3:30 P. M. when pains were again noticeable but delirium worse. Family became restless and impatient. Called council and delivered in thirty minutes. Placenta easily delivered. Came out of the chloroform well. Did not complain of anything until 6 P. M., at which time there was slight abdominal pains and some headache. At 7:30 had a slight convulsion. Called and gave the usual treatment (veratrum and gelsemimum). Continued the large dose of the treatment, but a few doses which was reduced to one-third the usual dose and continued until 1 A. M. No more convulsions. Urinalysis did not show albumin as in the other cases. This patient was of a nervous temperament, and expressed herself as knowing that she would never get well. But she did, and is glad for it. In this case it is my opinion that the convulsion was caused more from the shock than the toxines of pregnancy as there was no previous history of kidney complications and not even having the vomiting of pregnancy that so many have.

As to the treatment in these cases will say that I have used veratrum because some one else did it with success in similar cases, and because the specific indication for the use of veratrum was present. It

was the same with the gelseminum, and if I had another case of this character would use them again, and with more confidence than I did in these. As to the use of chloral hydrate I used it because this drug is indicated in excitable conditions of the nervous system. (Felt like giving it to the whole family, and perhaps it might have been indicated in my own condition of excitability). It being a powerful depressant to the nervous system as well as to the heart, it must be watched, and as soon as the effects are present cease to give it. That is the reason I gave it in small doses and repeated frequently. I must confess that I do not like these cases, and would as soon the other fellow "had 'em," but when we are up against it, the only thing to do is to keep one's head above his heels and fight like the — well, anything you choose, just so you fight as we did when we played football.

These cases ought to be a warning to the pregnant woman and induce her to consult a physician as soon as she knows she is pregnant and report every four or five weeks. It had this effect on my people here. Come on now, boys, and let us have some of your experience. Mine may appear as being very ordinary to some of you, but it was the unusual with me.

J. O. LATTA, M. D.,  
Clay Center, Nebr.

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#### THERAPEUTIC NOTES.

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Try cimicifuga in spinal irritation.

Tr. pulsatilla, applied locally, is useful in ovarian pain.

Scanty menses in plethoric women may be relieved by veratrum viride.

Aspirin in fine powder is a useful application to a follicular tonsil.

Pituitary extract or adrenalin is better than strychnia in impending collapse.

Equal parts zinc stearate, bismuth subnitrate and starch is an excellent application for chancroid.

To disinfect stools, add one-fourth their volume of quicklime and pour hot water over it. Set aside for two hours.

# DIETETICS

## CONSTIPATION OF INFANTS.

Every physician who handles many cases of Infantile Constipation knows the difficulty which he has in relieving it successfully. The following has just come to our notice, and its subject matter is so pat that we are pleased to reproduce it in this number of the Journal of Therapeutics and Dietetics with the hope that many of our readers will be benefited thereby.

**"Faulty Protein Digestion.** Constipation due to faulty protein digestion is a type often seen and is easily recognized by the character of the stools, which are dry and hard, and have a foul odor, often very offensive. Usually, colic, gas and general discomfort are noticeable.

"This form of constipation is corrected by using for the carbohydrate portion of the milk mixture Mellin's Food in sufficient amounts to thoroughly attenuate or modify the casein of the milk. Regardless of the age of the infant it is best to begin with not less than three level tablespoonfuls of Mellin's Food to each pint of the modification, gradually increasing this quantity until a soft, smooth stool results. In some cases it will be necessary to add four or five tablespoonfuls of Mellin's Food to each pint of the mixture.

**"Imperfect Fat Digestion.** Constipation due to imperfect fat digestion gives a characteristic stool which may be described as light gray in color, shiny, greasy, and soap-like. The odor is sour and not offensive, being quite distinct from a protein stool in this respect. When this trouble has existed for some time the urine is often distinctly ammoniacal.

"Obviously, the proper thing to do in this condition is to reduce the amount of fat by removing from the milk, before using, a part or all of the cream. However, this is not enough, for removing the cream means much less total solids, often seen by the infant's loss of weight. To compensate for this loss in total food value, from three to five level tablespoonfuls of Mellin's Food should be used to each pint of the mixture. This increases the total calories so that a gain in weight is assured, as well as the correction of the troublesome constipation.

**"Starchy Foods.** Starch in the form of starchy foods or gruels is very likely to be constipating, and oftentimes physicians permit the use of such carbohydrates without realizing this disadvantage. Mel-

lin's Food is free from starch, and we have no hesitation in saying that starch should form no part of an infant's diet, for the very good reason that during the period of infancy the starch-digesting functions are very incompletely developed, and no matter how thoroughly starch is cooked, it is still starch, and digested with much difficulty.

"In such cases the use of Mellin's Food in place of the starchy substance is generally all that is necessary to bring about a normal condition of the bowels.

**"Deficiency in Total Solids.** A formula deficient in total solids, or a deficiency in total daily intake of food, may cause the infant to show symptoms of constipation. This is a condition where the diet should be made stronger by increasing both milk and Mellin's Food and reducing the amount of water, or by increasing the amount of daily food by giving more at each feeding.

"In these cases a knowledge of the caloric value of the total daily food is of great advantage, as it gives to the physician a means of determining whether the baby is really being underfed or not. The calories are easily estimated by referring to the table on caloric values on page 10 of our book, 'Formulas for Infant Feeding.'

**"Lack of Energy.** Symptoms of constipation which are probably due to insufficient muscular contraction in the intestines from lack of energy are often observed in infants whose digestion is good and who are apparently well otherwise. In such conditions the fecal masses are propelled so slowly and remain so long in the intestines that the liquid part is absorbed, leaving a dry, hard residue difficult to expel.

"To restore the intestinal walls to their normal activity, an increase in the energy-giving part of the diet is indicated. This extra energy is readily supplied by maltose and dextrin, which form the carbohydrate content of Mellin's Food."

HOWES.

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#### GOAT'S MILK FOR INFANT FEEDING.

The rapid increase of tuberculosis in infants, or rather that this condition is now more often diagnosed, reminds us that Professor Behring insists that "all tuberculosis originates from milk feeding in children." He has not hesitated to declare that even the phthisis of young adults "is only the last verse of the song that was sung to them in their milk-feeding days as infants." Be this as it may, we all realize the fact that notwithstanding the great improvement in the character of the milk supplied to us, tuberculosis among the cattle has not

been wholly eradicated. But recently the herd of cows supplying milk for one of the largest infant institutions in New York City was found to contain many tuberculous cows.

In view of this, as well as of the increased cost of furnishing clean milk, the United States Department of Agriculture has been led to investigate the goat as a source of milk supply for children.

The goat in this country is practically free from tuberculosis, which would make its milk of great value as a food to all children, but especially to those infants of tuberculous parents not yet infected.

A goat will produce nearly 1,000 pounds of milk a year of a food value much greater than that of cow's milk. Its composition is: Fat 4.30 per cent.; proteids 4.70 per cent.; mineral matter 0.60 per cent.; total solids, 13.50 per cent.

It is claimed that by proper feeding, the curd of goat's milk may be rendered less solid than that of cow's milk, and the amount of fat and proteids easily diminished. The goat has been used for hundreds of years in the older countries as a source of milk supply, and the government feels that with knowledge will come an increase in its use.  
**Pediatrics.**

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#### PROVERBS RELATING TO DIET.

There is a maxim ascribed to Theognis, according to which "Surfeit has killed many more men than famine," and Hippocrates had an aphorism that "Everything in excess is inimical to Nature." The former maxim finds modern equivalents in "Surfeit slays more than the sword"—a Scottish proverb from Ray's collection,—and a Latin counterpart in "Non plures gladiquam quam cecidere gula." Two other Latin proverbs put the same idea in different words: "Multo plures satietas quam fames perdidit viros," and "Multos morbos multa ferula fecerunt." A laconic adage says, "Much meat, many maladies;" an outspoken one says, "Quick to the feast, quick to the grave;" and a far-seeing one announces that "Feastings are physicians' harvests." The Spanish rhyme "Mas mato la cena che curo Avicena"—The supper has killed more than Avicena cured—is a popular maxim.—British Medical Journal.

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#### A Hint on Butter.

Warm a half pound of butter so as to soften thoroughly. Mix with it a half pint of sweet milk to which has been added a generous pinch of salt. Blend the two thoroughly and the result will be one pound. Tastes like freshly made butter.

**FACTS ABOUT THE MILK PROBLEM.**

By C. W. Barron, Boston, Mass.

To the Editor of the Boston Post,—

Sir:—I notice by the newspaper reports of my testimony before the Public Service Commission, in respect to the New Haven railroad matter, that I am identified as a farmer in connection with "pasteurized" milk.

Will you permit me to say that I have no connection in any way with "pasteurized" milk, and do not believe in it except in emergency cases, where pure milk is unobtainable. I did not say I was the largest producer of certified milk about Boston. I am relatively a small producer of only 500 or 600 quarts for the south shore babies and the territory between the Exchange Club and Brookline.

But, as I have made practical studies of the milk question for some years on both sides of the Atlantic, I may perhaps be permitted a few observations concerning the milk problem, in which everybody in New England ought to be interested.

While milk is the most perfect food for human beings—I have lived on fresh milk for many days in succession with no other sustenance, and on sour milk, or what the Germans call thick milk, for successive days without other sustenance—it is also the most perfect medium for the propagation of 3000 kinds of bacteria or forms of animal life, visible only under the microscope. Only about 300 kinds of these have been so far identified and catalogued, but we do know that man's most valuable friend in this respect is the lactic acid fellow who propagates very rapidly, eats up all the enemies of man and his health; and in a few days is of so many hundred millions in your pitcher of milk that you call it sour because you taste only his acid body and nothing else in the milk.

Freshly ripened sour milk is yet more healthful as a food than any other form of milk, but the moment you pasteurize, or boil; or heat your milk, you must use it quickly or your dangers of contamination begin and you have no protection from the little friends who make the lactic acid and who eat up your enemies, for they are the first to perish when pasteurizing our milk is brought to 145 degree temperature. Furthermore, when you feed a line of babies with pasteurized milk you must follow with a line of doctors treating rickets and scurvy.

If you tell a mother that the poisons in the blood of her one-year-old infant are few, and that in the blood of children up to five years of age their polymorphonuclear leucocytes are less actively phagocytic,

you may alarm her, but you do not help her to solve the problem of her children or family milk supply.

I have been trying to help solve that problem in a practical way now for many years, and I hope to continue in the work as long as I live, for it opens up new avenues of investigation, invention and improvement, almost every month. What is needed in the milk question is an absolute knowledge of cost sheets in connection with a pure milk supply produced under most of the conditions now laid down for certified milk and delivered iced in sealed bottles; and then what is further needed is an educational campaign to teach people how to handle and use milk in the home and also its great food value.

While I am at work on this problem and the correlated problem of the advantages of registered and high production Guernseys and of seeing how much higher than 16 feet I can raise cornstalks in New England, I do not care to be in any way identified with pasteurized milk, that safeguard of the milkman's reputation, for I have thrown down the gauntlet now for some years in the field of certified milk, which is exactly opposite from the field of pasteurized milk.—Boston Post.

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#### FOOD FOR THE INVALID.

**Try preparing an egg this way.** Beat the yolk and the white separately until extremely light, add a pinch of salt, pour into a china cup, set in a sauce pan of hot water, stirring constantly until scalded but not cooked. When this is done, the egg just thickens slightly, but puffs up until the cup is almost filled with creamy custard. Set in the oven a moment and serve at once.

**Mulled Jelly.** Take one tablespoon of currant or grape jelly, beat with it the white of one egg and a teaspoon of sugar; pour on it a tea-cup of boiling water and break into it a slice of dry toast or two crackers.

**Cereal with fruit.** One-quarter cup of oatmeal, three-quarters cup boiling water, one-third cup of dates scalded, stoned and quartered, added after the cereal is cooked.

**Arrowroot Broth.** Put half a pint of water in a sauce pan, add a little lemon juice, sugar, and nutmeg. Boil it up and stir in a tea-spoon of dissolved arrowroot. To be served warm.

## ROUND TABLE

### BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Boston, January 26, 1914.

The Fifty-fourth Annual Meeting of the Boston District Eclectic Medical Society was celebrated by a Ladies' Night and Dinner at the "Quincy." The dinner was served in a private dining room at half-past seven, John Perrins, M. D., presiding as Master of Ceremonies.

After devoting considerable over an hour to the good things of the table, the gathering was called to order by the Toast Master, who extended a hearty welcome to all in attendance, and then turned the meeting over to the President of the Society for the regular routine business of the evening. The Society was called to order by its President, Roy J. Boynton, M. D., and the records of the preceding meeting were read by the Secretary and approved as read.

The Secretary then presented the following Annual Report:  
To the Members and Guests of the Boston District Eclectic Medical Society:

Once more in accord with an honored custom of this Society it becomes my pleasant duty to chronicle for your instruction a resume of the deeds and actions of our body for the year 1913, which has just passed into history.

The year 1913 has been one of mingled sorrow and joy, like many of its predecessors. We have been called to mourn the loss of one of our most active members; one that never allowed anything short of personal inability to keep him from our gatherings; one who by his intense interest in all that pertained to Eclecticism won the hearts of his fellows and will long be missed from our gatherings and mourned by all his associates. I refer to Nathan L. Allen, M. D.

One new member has been added to our ranks, Charles A. Pratt, M. D., of Boston. Several applications for membership have been read at our meetings in the past few months, and it is hoped that the New Year will see them entitled to full membership.

Nine meetings of the Society were held during the year 1913. The Ladies' Night held in January was most conspicuous for the good time that was enjoyed by all who participated and the vote that was taken to make Ladies' Night in January a permanent part of our Society work.

Papers on the following subjects have been listened to during the year by those who were privileged to be present.

"Columbo, as a Substitute for Hydrastis"; "Shall Physicians Dispense their Own Remedies?"; "Abnormal Mentality, Its Causes and Consequences"; "An Advance in Medicine"; "A Dispensing Vehicle"; "New Wrinkles in Office Technique"; "Eyes, Then and Now"; "Milk" and "The Invalid's Tray." In addition to these papers a symposium was held at the May meeting, the following subject being discussed: "A Favorite Remedy and Its Uses."

Cases have been reported during the year by Drs. Perrins, Philimore, Buck, Hills, Poor, Boynton, Clarke, Pratt, Tenney and Howes.

The meetings from January to May inclusive were held at the Crawford House, while those of the last part of the year occurred at the Quincy. Our meetings have proved very instructive, and those who failed to attend have lost much that would aid them in successfully meeting and overcoming the difficulties that are continually arising in their professional pathway. It is hoped that the coming year will see a larger proportion of our membership more eager to attend and sustain the interests of the Society.

During the twenty-five years that I have had the honor to act as your Secretary, the Society has had its ups and downs, its successes and failures; but at no time in its history has the outlook been more promising than at present, provided all its members make a firm resolution to attend its regular meetings, assist in their instructive features and bring at least one new seeker after knowledge into its fold.

Many and many a time have I heard the older members of this Society make the statement that they never attended a single meeting of the Society without getting full value for the time they gave and the sacrifice they made to be present. These remarks were made by some of the busiest men that were ever members of our body, and showed the high esteem in which they held their privilege of membership in the Boston District Eclectic Medical Society.

Let me urge the present members to arouse themselves and make 1914 a Red Letter Year for our Society. All of which is respectfully submitted.

PITTS EDWIN HOWES, M. D.,  
Secretary.

A rising vote of thanks was tendered the Secretary for the performance of his duties during the past year.

The Treasurer presented the following report:

Cash on hand January 1, 1913	\$130.44
Received for dues during 1913	13.00
Received for interest during 1913	5.00
Total receipts	\$148.44
Paid for flowers during 1913	\$ 8.50
Paid Secretary for his expenses during 1913	10.65
Total expenditures	\$19.15
Balance on hand January 1, 1914	\$129.29

The report was accepted, and a rising vote of thanks extended to the Treasurer for the performance of his duties during 1913.

The Committee to nominate Officers for the ensuing year submitted the following report:

President—George E. Poor, M. D., of Sherborn.

Vice-President—Charles E. Buck, M. D., of Boston.

Secretary—Pitts Edwin Howes, M. D., of Boston.

Treasurer—John Perrins, M. D., of Boston.

Councillors—Drs. John Perrins, Phillimore and Clarke. The report was accepted and adopted.

Upon motion duly made and seconded it was voted to proceed to ballot, and the Secretary was instructed to cast one ballot for the nominees as read for the various offices by the Nominating Committee. This having been done, the President declared the above named persons duly electd as officers of the Society, and appointed Dr. John Perrins to introduce the newly-elected President to the Society, which he did in his usual pleasing and felicitous manner.

The President—George E. Poor, M. D.—in his reply thanked the Society for the honor conferred upon him, spoke of the great benefit he had always derived from its meetings, and promised to use his best efforts to promote its welfare during his term of office.

This concluding the business of the session, the meeting was turned back to the Master of Ceremonies, Dr. John Perrins, who proceeded to redeem his promise, made early in the evening, that he had prepared a most excellent and entertaining program. He certainly made good. This was the unanimous opinion of all who were there. Music by Miss Maxine A. Buck on the piano, and readings by Mrs. Tighe were interspersed with voluntary remarks from nearly every

person present, the whole presenting one of the most unique and successful Ladies' Nights ever held by the Society. The gathering broke up at a late hour with pleasant recollections of a delightful evening, and with the expression that all might gather again around the festive board in 1915.

PITTS EDWIN HOWES, M. D.,  
Secretary

### QUERIES AND REPLIES.

Two communications have been received from our correspondent from Oklahoma. One was at an earlier date, but owing to its nature was forwarded to sources from which reliable first-hand information could be received, and was therefore delayed from earlier publication. The question and answers will be found below.

Oklahoma, Dec. 17, 1914.

Editor of Medical Round Table:—Is either one or all of the following prescriptions compatible and do they make a good mixture?

No. 1	R.	Specific Myrica	ʒ 1
		Ferro Nutrine plain	ʒ V.
No. 2	R.	Specific Myrica	ʒ 1
		Glyconda	ʒ V.
No. 3	R.	Specific Myrica	ʒ 1
		Elix. Lactated pepsin-80 gr.	ʒ V.
No. 4	R.	Specific Myrica	ʒ 1
		Liquid Peptinoids	ʒ V.

Arlington Chemical Co.

Do you know of anything that would make a better palatable menstruum for myrica than any of the above? Myrica is one of our most important agents, but very few know it.

J. A. BURNETT, M. D.

Hartshorne, Oklahoma, Jan., 1914.

Editor of the Medical Round Table:—On advertising page 21, November, 1913 Journal of Therapeutics and Dietetics, I find the following: Many physicians find it difficult to stimulate skin growth in cases of burns. If the following is used in dressing the wound the

skin will form over the wound normally, and there will be very little scarring of the surface. R. Yellow Wax, Lead plaster a.a. 1 lb.; Petrolatum 3 1-2 lbs.; Carbolic acid 95 per cent. 2 1-2 oz. What is yellow wax and lead plaster? Is the common vaseline used? What is N. E. Rum—old—and washing soda? Is it all right to do circumcision during gonorrhea or syphilis? Is X-ray a branch of electro-therapeutics?

J. A. BURNETT, M. D.

Cincinnati, January 16, 1914.

Dr. Charles E. Buck, 195 West Brookline St., Boston, Mass.—

My dear Doctor Buck:—In reply to your letter regarding the compatibility or incompatibility of the substances in the enclosed prescriptions, we will state that there is no reason for declining to make the mixture as far as the preparations of our laboratory are concerned. We cannot speak for the outside materials mentioned, as we have no experience in the direction of their pharmaceutical manipulation. Would suggest that, should there be a precipitation under any circumstance, the bottle containing the mixture be shaken before each dose is taken. With regards and best wishes we are,

Sincerely yours, LLOYD BROTHERS.

As to the answers to the queries of December 17th, the reply from Lloyd Bros. seems to be sufficiently explicit to meet requirements.

To the later questions, "What is Yellow wax, and Lead Plaster, and is common Vaseline used; What is N. E. Rum (old), Washing Soda—D—, Is it all right to do a circumcision during gonorrhea or syphilis, and is X-Ray a branch of Electro-Therapeutics?" the following answers may serve their purpose:

Yellow Wax is ordinary beeswax of commerce. Lead Plaster is official Emplastrum Plumbi,—or Emplastrum Diachylon, of the Pharmacopoeia. Common Vaseline is practically the same as Petrolatum, and may be used in this prescription. N. E. Rum is the Rum manufactured in New England, originally at Medford, and is the same as the article known as Medford Rum. The process of manufacture is essentially the same as that used in the manufacture of foreign Rum. Old Rum is simply Rum that has been "aged."

Washing Soda—D—. is probably some trade brand of Sal soda which makes it a special article of commerce. Circumcision may be done during an attack of either Gonorrhœa or Syphilis, if it is AB-

SOLUTELY NECESSARY that it should be done, to aid other treatments, but it is not wise to do so unless this contingency is at hand. X-Ray is a branch of Electro-Therapeutics in so far as it applies to the treatment of diseases. It would be rather a fine point to decide just where this factor begins and ends. It is generally considered as belonging to this branch of therapeutics.

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## MEDICAL NOTES

### DYSPEPSIA.

In the treatment of Dyspepsia we should remember that one of the very worst procedures that can be followed is to give any one or all of the digestive ferments. Especially is this true if they are continued for any length of time. The same rule holds good in this case as in many others where the law of supply and demand rules; namely, that nature will not supply any of the secretions of the body if outside aid will furnish them. If we constantly supply the stomach with artificial gastric juice the glands that normally are needed to furnish this digestive aid will atrophy and fail to supply enough for the needs of the patient.

It is far better to stimulate their activity, whip them into working condition, than to do their work for them.

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### LYMPHATICS.

A man is well or sick according to the activity of his lymphatic system.

It should be the one first aim of every practitioner to get the lymphatics into action just as soon as possible. In a very considerable number of cases the whole trouble is due to the fact that these same lymphatics are shut up. Podophyllin, Phytolacca, and small doses of Calomel usually start things up if given often enough.

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### GERM CARRIERS.

Since it is determined that there are diphtheria carriers as well as typhoid carriers, it is the natural inference that if the germs with these carriers be destroyed epidemics can be prevented. The bacilli carriers should be isolated and treated as though they were suffering from the disease. Staunch, a German writes, destroys the bacilli with

the application of Iodine and has excellent success. He believes this agent alone is sufficient to keep throats free from the bacilli. From two to four applications only will be necessary. The treatment is perfectly safe and free from objectionable features.

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### WHY SHOULD IT BE ALLOWED?

A circular letter recently came to hand that shows either one of two things in a marked degree. Either we doctors are the "easiest" marks on the map or the promoting chemists are doing some tall lying.

This circular is from a chemical company that says that they have a goodly supply of "Standard Radium Drinking Water; Standard Radium Bath Water; Standard Radium Radioactive Earth; Standard Radium Compressors; Standard Radium Ampules; Standard Radium Ointment, etc.," and they very clearly state that they have all of these preparations that they will supply for therapeutic purposes, in any quantities desired.

And just listen! They say that the Council on Pharmacy and Chemistry of the A. M. A. have accepted their Radium as official (tacitly), and are going to include it in the list of Non-official Remedies.

Now, brother practitioners, when there is but the fractional part of a grain of Radium at present available for any use outside of the experimental laboratories, how in the name of all that is good and holy can this firm supply us with unlimited quantities?

Such firms should be exposed to the full force of the law, which is perfectly adequate to deal with such cases if it can only be enforced.

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### ERYSIPelas.

For many years the author has used, in the treatment of erysipelas, a remedy which he considers a rapid abortive action on the disease, viz., buttermilk, which he orders to be applied on soft rags, the latter to be kept constantly wet with it. In the first case in which it was used, the pain was immediately relieved and quickly removed altogether. The temperature remaining high, however, it was suggested that, in addition to the local application, buttermilk should be

taken internally. Upon trying this, the temperature was observed to drop almost at once from 104 deg. F. to 99 deg. The inflammation very rapidly subsided, and the patient was practically well the next day. In the numerous subsequent cases in which free local application of buttermilk was employed, uniformly favorable results were secured, the spread of the inflammation being rapidly checked, whatever the stage of the erysipelas, the pain disappearing, and the whole morbid process rapidly aborting. The author is unable to state whether this undoubted abortive power is due to the presence of beneficent micro-organisms in the buttermilk, to the antiseptic action of its lactic acid, or perhaps to both these factors together.—Arnold, in the "London Practitioner."

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#### **TREATMENT OF ERYSIPELAS BY CARBOLIC ACID AND ALCOHOL.**

Dr. Aspinwall Judd, of New York, recommends the use of strong carbolic acid painted on the surface in cases of erysipelas until the surface is whitened, and then followed by swabbing with alcohol. The treatment must go a half inch beyond the border of the eruption to destroy all the germs. The unbearable itching, burning and throbbing are relieved at once, fever soon falls, and general symptoms are relieved. The author has treated successfully sixty-seven cases, five cases in which it failed. No scarring results. The superficial layers of the skin come off as in milk sunburn, and the complexion is improved.—Medical Record.

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#### **TESTS FOR MALINGERING.**

When coma is feigned, Herbert C. Cornwall—May "Post-Graduate"—says: "Pouring cold water over the face for prolonged periods is difficult for malingerer to endure without active efforts to protest; and if this fails, introducing it into the mouth will generally determine as to whether simulation is at issue or not, for the simulator can scarcely avoid the impulse to swallow or to block the naso-pharynx in order to prevent passage of the water into the lungs. Finally, and perhaps the most conclusive test of all, is that of applying a continuous stream of cold water against the drum of one of the ears, a procedure which, in the conscious individual, induces an active nystagmus toward that side."—Denver Medical Times.

**GOLDFISH VS. MOSQUITO.**

Acting on the assured theory that minnows destroy the larvae of mosquitoes, the Illinois Central Railroad has decided to stock every stagnant pool on its lines with goldfish, the only minnows that can live in stagnant water. This railroad has asked the co-operation of the various Federal and State hatcheries along its lines; but if this is not given will stock the pools itself.—Dietetic Hygienic Gazette.

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**Some Indications for Atrophine.** Dimness of vision; can neither read nor thread a needle; spasmodyc winking; eyelids feel heavy and difficult to open; dryness of the throat, almosa impossible to swallow; dark red or mottled efflorescent redness of the skin, similar to the rash of scarlet fever; chills alternating with flashes of heat.

**To Produce Quick Emesis.** Have your patient drink Oss of warm water, slightly alkaline, and inject hypodermically 1-10 gr. of apomorphia.

**Asclepias Tuberosa.** In the croupy, catarrhal colds of children this remedy should never be forgotten. Use 3ss-3i in 3iv aqua, giving 3i doses every hour. If there is much chilliness add gtts. ii-gtts. v of capsicum tincture to the mixture.

**Uterine Tonic.** Caulophyllum is especially valuable in giving tone to the muscular tissues of the uterus and relieving those conditions which are of a spasmodic character. It can be combined to good advantage with viburnum prunifolium, helonias, macrotys, and pulsatilla, according as they may be indicated.

**An Efficient Antiseptic.** Eucalyptus globulus should never be forgotten when an antiseptic is needed. Those who have not used it along this line do not know what a reliable agent they have overlooked. It is not only an antiseptic, but a disinfectant of the highest order. Use it in your malarial cases instead of quinine and you will be pleased.

**Iris Versicolor.** Headaches of a bilious origin will be cured by this agent, as well as certain nervous headaches. The iris headaches are of a reflex nature and proceed from an acid stomach or one that is irritated by acid secretions.

**Varicose Veins.** *Mangifera indica* (specific tinct.)  $\frac{3}{ii}$ - $\frac{3}{ii}$ , aqua  $\frac{3}{iv}$ , given in  $\frac{3}{i}$  doses four to six times a day, has been found to produce marked results in the removal of this troublesome condition. Try it and report.

**Chronic Rheumatism.** Many cases have been reported showing the efficacy of *phytolacca decandra* in this disease, especially if any of the glands of the body are enlarged. It should be given in moderately large doses three or four times a day, and persisted in for some time.

**Pulsatilla Nuttalliana.** One of the prominent symptoms of this drug is **fear of impending danger**, where such thoughts are needless. It will not disappoint you if you get a tincture made from the **green** root. Give it in minute doses well diluted—gts. 1-6-1-4 every hour.

**Sanguinaria Canadensis.** As a cough remedy this agent will give good results when adapted to the proper cases. A hard, dry, hacking cough, with considerable pain in the upper part of the lungs, will be markedly relieved by the use of *sanguinaria canadensis*. Add  $\frac{3}{i}$  to aqua  $\frac{3}{iv}$  and give  $\frac{3}{i}$  doses every hour. If there is difficult breathing add  $\frac{3}{ss}$  tinc. of *lobelia seed*. Be sure that you get the tincture made from the seed.

**Rheumatism with Gouty Tendency.** Many cases of this difficulty have been successfully treated by adding 1 grain of **Merck's colchicein** dissolved in  $\frac{3}{i}$  alcohol and giving in 3-4 gtt. doses three or four times a day. Each dose should be largely diluted with water, at least two ounces. The dose must be reduced if it acts too freely upon the bowels. Kindly try and report your results.

"Train the understanding. Take care that the mind has a stout and straight stem. Leave the flowers of wit and fancy to come of themselves. Sticking them on will not make them grow. You can only engraft them by grafting that which will produce them. Another rule of good gardening may also be applied with advantage to the mind. Thin your fruit in spring, that the tree may not be exhausted, and that some of it may come to perfection."

**Puerperal Peritonitis** is most successfully treated (if high fever is present) with varatrum viride and opium, both in appreciable doses.

**Mastitis.** The treatment of mastitis, when the breasts are very hot, hard and engorged, is most successful when veratrum viride and phytolacca are given alternately, and cloths wet in a lotion of phytolacca are applied.

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#### WIT AND WISDOM.

Our good friend Newkirk says some very pert things in the Post now and then, and here is one that may be of interest to some who have not seen it. Especially so from the fact that its underlying precept applies to the practitioner of medicine. Here it is:

"A good front is not everything, but it leads to the best of everything.

"A good front commands attention and respect—it gets you an audience—it creates a good first impression.

"Be sure that you always present a good front MORALLY, PHYSICALLY, FACIALLY, and SARTORICALLY.

"As small a thing as a soiled collar has lost many a man a good job.

"You may have brains in your bean, but they'll be discounted if you have dust on your clothes or terra firma under your finger nails.

"It is hard to put a proposition over if you wear on your face a three days' growth of whiskers.

"Clothes do not make the man, but they often make the other fellow listen to what he has to say.

"When you begin the day shine up your face WITH A SMILE, shine your shoes with a polish, use the whisk broom on your clothes, and a brush on your hair. Then square your shoulders and GO TO IT.

"Keep a good front, young man, and you will beat the sloppy weather guy in a walk."

## HOUSEHOLD HINTS.

Conducted by Mrs. Ida A. Coombs.

Below you will find a few suggestive recipes for the afternoon tea, Sunday night tea, or delicacies that help in entertaining of guests as well as for the delight of the family.

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### Graham Dainties.

Put peanut butter in a bowl. Add salt and cream or the beaten white of an egg. Beat this well. Spread a graham loaf with this and cut thin slices; afterward cutting the square slices across diagonally and serve as sandwiches.

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### Nut Sandwiches.

One cup of almonds, peanuts, English walnuts or pecans chopped very fine; 2 tablespoonsful of mayonnaise dressing. Spread entire wheat bread with butter, then nuts mixed with the mayonnaise. Cut the sandwiches small.

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### Celery Sandwiches.

Chop very fine a few stalks of celery; mix well with a mayonnaise dressing, spread on buttered bread, put together, press and cut into any shape desired.

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### Milk and Cheese Soup.

Three cups milk, or part milk and part stock; 1 1-2 tablespoonsful flour; 1 cup grated cheese; salt and paprika. Thicken the milk with the flour, cooking thoroughly. This is best done in a double boiler with frequent stirring. When ready to serve add cheese and seasoning.

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### Cheese Fondu.

One cup bread crumbs very fine and dry, two scant cups of fresh milk; half a pound of grated cheese; three eggs, beaten very light; a small teaspoonful of mustard, butter, pepper and salt. A pinch of soda dissolved in hot water and stirred into the milk. Soak the crumbs in the milk; beat into these the eggs and butter a baking dish. Pour

the fondu into it, then sprinkle crumbs over the top. Bake in rather a quick oven until a delicate brown. Serve at once, as it will fall.

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### Clam Bouillon.

Strain the liquid remaining from steamed clams through cheesecloth, season with salt and paprika. Serve very hot in small cups with whipped cream on top.

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### Bouillon.

To three quarts of cold water add three pounds of the round of beef, removing all fat and cutting into small pieces and let stand one hour. Then place on the fire, removing any scum that may arise and let it boil for 1-2 hour; remove to cooler place on the stove and let simmer for three hours. Now add 1 onion, 1 carrot cut in small pieces, celery, 3 or 4 pepper corns, and let simmer slowly one hour longer. Strain into a bowl and cool without covering. Before serving, remove all grease, add pepper and salt, and put in a sauce pan with 3-4 lb. lean beef chopped fine, and the white of one egg. Stir slowly until it boils. Boil for 12 or 15 minutes and strain through cheesecloth. The bouillon should be perfectly clear. Serve in cups.

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### Orange Cream.

Heat 1-2 cup of orange juice and 1-2 cup sugar in a double boiler, beat the yolks of two eggs and add them to the hot orange juice. Stir and cook until it coats the spoon. Add 2 ounces of dissolved gelatin. Strain it into 1 1-2 cups of cream and the rind of the orange grated: stir over ice cold water until it begins to stiffen, then turn into a mould.

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### Vegetable Cutlets.

Boil 6 large potatoes, mash them, add butter and enough hot milk to moisten. Chop fine two button onions, fry in butter to a light brown. Wash, scrape, and boil separately 12 small carrots and 4 small white turnips. Chop and add with the onions to the potato. Season to taste, add a little minced parsley and cool. Form into small cutlets, dip into beaten egg, then powdered cracker crumbs. Fry to a golden brown in boiling fat.

**Roulades.**

Take 3 pounds of round steak, cut into slices as large as your hand, pound slightly; salt and pepper each slice, and put into each a little onion chopped very fine. Roll a piece of bacon as large as a thumb in each piece of meat, putting the bacon in the middle. Pin each roll with a toothpick; melt a piece of butter the size of an English walnut in a stew kettle, put in the roulades letting them stand up; add a quart of cold beef bouillon or thinned gravy; cover tight and let the meat boil slowly but steadily for one hour; then brown 2 tablespoons of flour in a little butter to a chestnut brown, then add a wine glass full of claret wine and the juice of half a lemon; add this to the roulades and let them boil another hour; then remove the toothpicks and serve. The toughest round steak cooked in this manner will always be tender and delicious.

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**Tasty Way of Cooking Liver.**

Take quanaity of liver required—calves—cut in thin slices, dip into mixture of flour, pepper, salt and parsley, chopped fine, with a few mixed dried herbs; fill a pie dish, pour into this sufficient quantity of water to nearly cover, then slice potatoes and spread two or three layers over the top and cook in a slow oven for about 1 1-2 hours. Serve very hot.

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**SUGGESTIONS.**

If fruit, such as oranges, lemons, etc., are either frozen or frost-bitten, do not allow them to thaw out naturally, but put them into cold water enough to cover and the frost will be drawn out by the water in a few hours and the fruit will not have the bitter taste it has if allowed to thaw in a warm place.

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---

To sweeten rancid butter, cut as much butter as is wanted; put it to soak for a couple of hours or longer in cold water to which has been added a good pinch of carbonate of soda. The rancid taste will disappear and the butter be as good as ever.

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